

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

RECEIVED

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15)

i, maine or loody ist s	partnership, firn	n or corporation, if a	ıy:		•
	egislative Solutio	-			
(Nam	ne of partnership, firm	n or corporation)			
P.C	D. Box 10724	8edford	N	Н	03110
Business Address: (Str	eet)	(Town/City)	(Sta	ate)	(Zip Code)
) 603-986-9145	5 ()	e-mail d	lbeek@aol.	.com
(Telephone)		(Fax)			
eportable expense tr	ansactions which	e – file separate repor are not attributable (in the months prior to	o any one client).		
	New Ha	mpshire Camp Direc	ors Association		
		nt as it appears on the Lo		rm)	,
	, 0. 0110				
	,				
—— ☐ All reportable trans	actions by the lobb	oyist (including the lob	byist's family), or th	e lobbying f	firm listed below whic
 ☐ All reportable trans: inrelated to any particu	actions by the lobb	_	byist's family), or th July 25, 20		firm listed below whic
All reportable trans: unrelated to any particular. IV. Date of Report	actions by the lobbular client. April 25, 2018 fity from date of regis			18 🗆	firm listed below whic
All reportable transing all reportable transing and particular and	actions by the lobbular client. April 25, 2018 fity from date of registry.	Stration to 3/31/18 8 X	July 25, 20 activity from 4/1/18 January 30,	18 □ 8 10 6/30/18 , 2019 □	
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All reportable transcurrelated to any particular. IV. Date of Report Reports cover: octivity. V. There have been of this box is checked, a Concord, NH 03301. VI. Check if additionals.	actions by the lobbular client. April 25, 2018 fity from date of regis October 31, 201 activity from 7/1/18 no fees received complete just this for	Stration to 3/31/18 8 X to 9/30/18 d and no reportable form and submit it to the	July 25, 20 activity from 4/1/18 January 30, activity from 10/1/ transactions made	18 □ 8 to 6/30/18 12019 □ 18 to 12/31/16 de since the 's Office, Sta	8 e last report. 🛭 ule House, Room 204,
IV. Date of Report Reports cover: octivi V. There have been If this box is checked, of Concord, NH 03301. VI. Check if additions	actions by the lobbular client. April 25, 2018 fity from date of regis October 31, 201 activity from 7/1/18 no fees received complete just this fit all reports are attacted fees or made expended on the property of received the property of the property are attacted fees or made expended on the property of the proper	Stration to 3/31/18 8 to 9/30/18 d and no reportable form and submit it to the	July 25, 20 activity from 4/1/18 January 30, activity from 10/1/2 transactions made e Secretary of State	18 □ 8 to 6/30/18 9 2019 □ 18 to 12/31/16 de since the 's Office, Sta	8 e last report. multiple control of the control

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

11. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Camp Directors Association	Date October 18, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations servic
a) Total of all fees received in this reporting period	a) \$ 1500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	b) \$ 3000.00 year)
c) Total of all fees received to date (Add lines a and b)	c) \$ 4500.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of libering lobbied, purchase of a ceremonial object given to a person being lobbied; an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with vaceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	may be filed for the lobbyist(s)/finite aggregate total of all expenses parexpenses; (b) the aggregate total of all expenses parexpenses; (b) the aggregate total of a ple: meals purchased during a busine less than \$10 that is given to the personal with a value of \$25.00 or less); and corting period of greater than \$25.00 foliue of greater than \$25, purchase of the ter than \$25, but not greater than \$5, expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 1500.00
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b)\$ <mark>0</mark>
	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 1500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>3000.00</u>
f) Total of all expenses year to date	ŋ \$ <u>4500.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
	October 18, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying partr	nership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	New Hamps	shire Camp Directors Assoc	iation
Date of Report (check o	one):		
April 25, 2018 □	July 25, 2018 🛚	October 31, 2018	January 30, 2019 □
		•	
			d Expenses described above, and imber of Addendum forms being
Addendum A(s)).		
Addendum B(s)			
Addendum C(s)).		
I hereby swear or affirm complete to the best of i			nt and each Addendum is true and
*Murcu	1	Octo	ber 18, 2018
(Signature of lobbyist	J		(Date)
Robert Clegg			
(Print Name of Johnvist)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying par	tnership, firm, or corpo	ration: Legislative Solutio	ns, L.L.C.
			corporation and not related to any
particular client):	New Hamps	hire Camp Directors Asso	ciation
Date of Report (check	one):		
April 25, 2018 □	July 25, 2018 □	October 31, 2018 🕅	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
	m that the foregoing in my knowledge and bel		nt and each Addendum is true and
///		Octo	ber 18, 2018
(Signature of Jobbyist)			(Date)
Periklis Karoutas			
(Print Name of Johnvis	et)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying part	nership, firm, or corpo	ration: Legislative Solution	is, L.L.C.
Name of Client (leave l	olank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	New Hamps	hire Camp Directors Assoc	ciation
Date of Report (check	one):		
April 25, 2018 □	July 25, 2018 □	October 31, 2018 🕱	January 30, 2019 □
I have read RSA 15, R the following Addendu submitted):	SA 15-B, RSA 664, that it is submitted with that	ne Statement of Income are at Statement (insert the nu	nd Expenses described above, and umber of Addendum forms being
X Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
I hereby swear or affirm complete to the best of (Signature of lobbyist)		ief.	nt and each Addendum is true and ber 18, 2018 (Date)
Leann Moccia			
(Print Name of lobbyis	t)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying partnership, firm, or corporation: Legislative Solutions, L.L.C.
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to an
particular client): New Hampshire Camp Directors Association
Date of Report (check one):
April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, are the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true are complete to the best of my knowledge and belief.
October 18, 2018
(Signature of lobbyist) (Date)
Christopher Herr
(Print Name of lobbyist)